

CLAIMS ONLY

Application Number

10790128

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				2		
3				2		
4				2		
5				0		
6				2		
7				2		
8				2		
9				0		
10				2		
11				1		
12			1			
13			1			
14				2		
15				2		
16				0		
17				2		
18				2		
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20				2		
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Total Indep			3			
Total Depend			35			
Total Claims			38			

	Indep	Depend	Indep	Depend	Indep	Dep
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Total Indep						
Total Depend						
Total Claims						

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

10790128

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				2		
3				2		
4				2		
5				0		
6				2		
7				2		
8				2		
9				0		
10				2		
11				1		
12			/			
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14				2		
15				2		
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17				2		
18				2		
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Total Indep			3			
Total Depend			35			
Total Claims			38			

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	Indep	Depend	Indep	Depend	
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Total Indep					
Total Depend					
Total Claims					